

## IMPORTANT FACTORS IN THE CONTROL OF SYPHILIS\*

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At the London conference of the I.U.V.D.T. in 1959 we described the results of our campaign against syphilis (Földvári and Károlyi, 1960). Apart from minor fluctuations, we have since succeeded in maintaining the advantageous position then reported. A general survey of the past and present situation is shown in Table I.

TABLE I  
CASES OF EARLY SYPHILIS, 1947-62

Year	No. of Cases	Year	No. of Cases
1947	15,061	1955	58
1948	9,851	1956	37
1949	4,477	1957	18
1950	4,428	1958	46
1951	1,708	1959	6
1952	1,085	1960	2
1953	426	1961	32
1954	126	1962	2

The fluctuations in 1958 and 1961 were due to serial infections caused by certain promiscuous persons before the detection of their disease. These small epidemics were encouraged by the fact that contact-tracing could not detect the infectious persons quickly enough. An example of the chain-like spread of infection is illustrated in the Figure (opposite), which shows that thirteen direct infections in 28 contacts at risk were caused by one infected person, and that from five of these thirteen a further twelve serial infections were detected, making 25 cases in all.

In the evaluation of the different methods of control, primary importance is attached to direct contact-tracing, and also to the follow-up examination of persons at risk in the families and neighbourhood of infected persons. Screening examinations are also necessary, but their usefulness lies mainly in the detection of latent cases and in the prophylaxis of prenatal syphilis.

A short period of hospitalization for penicillin treatment during the time of infectivity followed by appropriate out-patient treatment to prevent relapses is important. Our results with penicillin in the course of 13 years, were recently reported at the congress in Zürich.

### Tracing of Sex Contacts

In Hungary direct contact-tracing is carried out by the dispensaries for venereal diseases, co-ordinated since 1953 by a central contact-tracing organization. The improvement in our results is shown in the annual ratio of detected infectious contacts related to recent cases, expressed as a percentage (Table II).

TABLE II  
RESULTS OF CONTACT-TRACING, 1953-62

Year	Percentage Contacts Traced
1953	44
1954	45
1955	51
1956	22
1957	76
1958	78
1959	50
1960	100
1961	53
1962	0

In 1962, the contacts of two recent cases could not be detected because the infections had been acquired abroad. Effective international co-operation on a large scale therefore seems desirable, and our experience with neighbouring countries has shown that co-operation of this kind is very successful.

### Screening Examinations

In the screening examinations we have employed a rapid lipoidal precipitation reaction, and the positive cases have been verified by history-taking, clinical examination, and further serological investigation, including the Nelson test.

\* Paper read at M.S.S.V.D. meeting in Copenhagen, June 7, 1963.

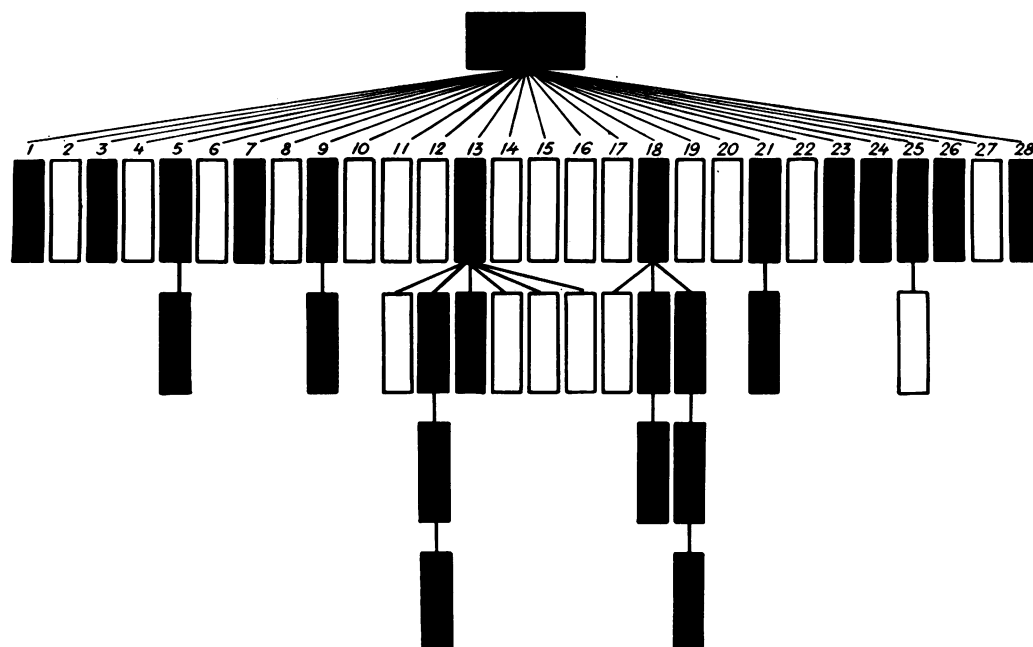


FIGURE.—Spread of infection from one case of syphilis to 25 other persons.

The number of screening examinations for syphilis and the decrease in positive cases so revealed since 1952 are shown in Table III, together with the rate of previously untreated cases found by screening since 1956.

TABLE III  
CASES REVEALED BY SCREENING EXAMINATIONS,  
1952-62

Year	No. of Screening Examinations	Positivity Rate (Percentage)	Percentage Untreated Cases
1952	506,807	2.0	—
1953	635,950	1.5	—
1954	615,580	1.02	—
1955	700,911	0.79	—
1956	585,067	0.93	0.22
1957	574,126	0.86	0.30
1958	584,922	0.87	0.26
1959	646,045	0.50	0.19
1960	657,598	0.46	0.13
1961	729,266	0.48	0.12
1962	634,508	0.67	0.13

Well-organized maternity dispensaries on a national scale are of particular importance in the prevention of congenital syphilis, and the venereal and maternity dispensaries are co-operating in the evaluation of serological tests. Pregnant women, even if adequately treated in the past and regarded

as cured, receive two courses of penicillin during their first two pregnancies and the favourable results thereby achieved are reflected in Table IV.

TABLE IV  
CASES OF CONGENITAL SYPHILIS, 1952-62

Year	Age (yrs)	
	Under 1	1 to 2
1952	51	80
1953	14	55
1954	8	34
1955	4	15
1956	3	6
1957	3	3
1958	3	2
1959	1	4
1960	1	4
1961	3	1
1962	3	5

In spite of these good results we are maintaining the campaign energetically, as syphilis cannot yet be regarded as eliminated, and only thus can a satisfactory degree of control be preserved.

### Summary

The incidence of early syphilis in Hungary has decreased from 15,061 cases in 1947 to two in

1962, and that of congenital syphilis from 131 in 1952 to eight in 1962. The success of contact-tracing and screening examinations is described, and an account is given of the minor epidemics which may originate from one untraced infected person.

## REFERENCE

Földvári, F., and Károlyi, S. (1960). *Brit. J. vener. Dis.*, 36, 140.

## Le contrôle de la syphilis

## RÉSUMÉ

En Hongrie le nombre de cas de syphilis précoce diminue de 15.061 en 1947 à deux en 1962, et celui de cas de syphilis congénitale de 131 en 1952 à huit en 1962.

On décrit le succès obtenu par la recherche des partenaires sexuels et par les examens épidémiologiques, ainsi qu'une petite épidémie provenant d'un seul cas non dépisté.